

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32489

State File No. ....

BIRTH NO. SEP 22 1952REG. DIST. NO. 274PRIMARY REG. DIST. NO. 3052Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sedalia Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>705 W. Pettis</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hinton</u> b. (Middle) <u>G</u> c. (Last) <u>Parker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 24, 1904</u>
9. AGE (In years last birthday) <u>48 yrs.</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto-Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Thompson-Downer Motor Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Grant Parker</u>	
13b. MOTHER'S MAIDEN NAME <u>Hester Buckner</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W.W.II</u>		16. SOCIAL SECURITY NO. <u>492-14-3042</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hester Parker</u>		ADDRESS <u>Sedalia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic Insufficiency</u> DUE TO (c) <u>Obesity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4211</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9-8-</u> , 19 <u>52</u> , to <u>9-18-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-18-</u> , 19 <u>52</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>A.R. Maddox</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>116 1/2 West Main</u>	
23c. DATE SIGNED <u>9-20-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pleasant Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Sedalia</u> (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Campbell</u>	
DATE REC'D BY LOCAL REG. <u>9-21-1952</u>		ADDRESS <u>Sedalia</u>	

251-C

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 8 1952

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer .....

Signed \_\_\_\_\_

Licensed Embalmer No. 4245

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.